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PTO/SB/05 (11-00)

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Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney	/ Docket No.	KAP 101 DIV
First In	ventor	Aaron V. Kaplan
Title	METHODS	S AND APPARATUS FOR PERICARDIAL ACCESS
Express Mail Label No.		EL 845500604 US

	APPLICATION ELEMENTS				ADDRESS			Commissioner for Patents t Application	ᄉᅜ
	See MPE	P chapter 600 concerning utility patent application contents.			ADDITIOO			on, D.C. 20231	ĔM
1.	7	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7.		Computer	Progra	m <i>(App</i> e		
2.	✓	Applicant claims small entity status. See 37 CFR 1.27.	8.		otide and/or licable, all ned		Acid Se	equence Submission	
3.	J	Specification [Total Pages 13] [preferred arrangement set forth below]		a.	L	•		e Form (CRF)	قِ
		- Descriptive title of the invention		b.	Specificat		•		
		- Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D			. [JIVI OI C	D-R (2 copies); or	
		- Reference to sequence listing, a table,			п. 📙	paper			
		or a computer program listing appendix - Background of the Invention		C.				ng identity of above cop	
		 Brief Summary of the Invention Brief Description of the Drawings (if filed) 		AC	COMPA	NYING	APP	LICATION PARTS	
		- Detailed Description	9.		Assignmen	nt Pape	rs (cove	r sheet & document(s))	
		- Claim(s) - Abstract of the Disclosure	10.		37 CFR 3.3 (when there	73(b) Si is an ass	tatemen signee)	t Power of Atto	orney
			11.		English Tra	anslatio	n Docur	ment (if applicable)	
4.	V	Drawing(s) (35 U.S.C. 113) [Total 4]	12.		Information Statement			Copies of IDS Citations	S
5.	Oath o	r Declaration [Total Pages 1]	13.		Preliminary	y Amen	dment		
	a.	Newly executed (original or copy)	14.	7	Return Re	ceipt Po	ostcard ((MPEP 503)	
	b.	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		H	(Should be s			ed) Document(s)	
	D.		15.	·	(if foreign pr	riority is o	:laimed)		
		i. DELETION OF INVENTOR(S)	<u>,</u> 16.	.	Request a	ind Cert). Appli	ification cant mu	under 35 U.S.C. 122 st attach form PTO/SB/	35
		Signed statement attached deleting inventor(5)		or its equiv				
İ		1.63(d)(2) and 1.33(b).	17					nt of Small Entity, Copy o	f
6.		Application Data Sheet. See 37 CFR 1.76		ستا	A	Assignme			
18	. If a	CONTINUING APPLICATION, check appropriate box, and olication Data Sheet under 37 CFR 1.76:	supply t	he requ	isite information	on below	and in a	preliminary amendment,	
or i		Continuation Divisional Continuation-in-pa	rt (CIP	n of i	orior applica	tion No	.: 0	9/397,392	
			(0	, .,			Unit 373	15	
Fo	<i>Pn</i> r CONT	or application information: Examiner M. Mendez INUATION OR DIVISIONAL APPS only: The entire disclosic 5b, is considered a part of the disclosure of the accompa	re of t	_ he prio	r application	i, from v	vhich an	oath or declaration is si	upplied
ur	der Bo	5b, is considered a part of the disclosure of the accompa The incorporation can only be relied upon when a portion h	nying d as been	ontinua inadve	ation or divis	sional ap ted from	plication the subr	n and is hereby incorpora nitted application parts.	ated by
-	erence.	19. CORRESPO							
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ſ	Customer Number or Bar Code Label or Correspondence address below								
L	(Insert Customer No. or Attach bar code label here)								
^	Name Cook, Alex, McFarron, Manzo, Cummings & Mehler								
	200 West Adams Street								
Ľ	Address Suite 2850								
_	City	Chicago State	IL			Zip (Code	60606	
	Country	USA Telephone	312-	236-85	00		Fax	312-236-8170	
	Na	ne (Pant/Type) Garr W. McFarron		Red	istration No). (Attorne	ey/Agent)	27,357	1
	—	WALLI MATALLAND	-			1	Date	11/01/2001	7
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11/01/2001

Date

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$3'	70.00

Complete if Known					
Application Number					
Filing Date					
First Named Inventor	Aaron V. Kaplan				
Examiner Name					
Group Art Unit					
Attorney Docket No.	KAP 101 DIV				

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to	3. ADDITIONAL FEES			ES .		
indicated fees and credit any overpayments to. Deposit	Large E Fee	ntity Fee	Small Fee	Entity Fee	Fee Description	Fee Paid
Account Number 50-1039	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late filing fee or oath	reeraid
Deposit Account Cook, Alex, McFarron et al.	127	50	227		Surcharge - late provisional filing fee or cover sheet	
Name Charge Any Additional Fee Required	139	130	139	130	Non - English specification	
Under 37 CFR §§ 1 16 and 1 17	147	2,520	147	-	For filing a request for ex parte reexamination	
Applicant claims small entity status See 37 CFR § 1 27	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
Check Credit card Money Other	115	110	215	55	Extension for reply within first month	
FEE CALCULATION	116	400	216	200	Extension for reply within second month	
1. BASIC FILING FEE	117	920	217	460	Extension for reply within third month	
Large Entity Small Entity	118	1,440	218	720	Extension for reply within fourth month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,960	228	980	Extension for reply within fifth month	
101 740 201 370 Utility filing fee 370.00	119	320	219	160	Notice of Appeal	
106 330 206 165 Design filing fee	120	320	220	160	Filing a brief in support of an appeal	
107 510 207 255 Plant filing fee	121	280	221	140	Request for oral hearing	
108 740 208 370 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive - unavoidable	
SUBTOTAL (1) \$370.00	141	1,280	241	640	Petition to revive - unintentional	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	142	1,280	242	640	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES Fee from	143	460	243	230	Design issue fee	
Extra Claims below Fee Paid	144	620	244	310	Plant issue fee	
Total Claims 6 -20** = 0 X = 0.00	122	130	122	130	Petitions to the Commissioner	
Independent 2 - 3** = 0 X = 0.00		50	123	50	Processing fee under 37 CFR § 1.17(q)	
Multiple Dependent = =	126	180	126	180	Submission of Information Disclosure Statement	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submission after final rejection (37 CFR § 1 129(a))	
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370		
109 84 209 42 ** Reissue independent claims	179	740	279	370		
over original patent	169	900	169	900		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Oth	er fee (specify)	of a design application	
SUBTOTAL (2) \$0.00	i					
**or number provingsly paid if greater. For Reissues, see above	*Red	duced t	y Basi	Filing	Fee Paid SUBTOTAL (3)	
**or number previously paid, if greater, For Reissues, see above			-			=
SUBMITTED BY Registration				j. T	Complete (if applicable)	200
Name (Print/Type) Gary W. McFarron			y/Agent)	-	27,357 Telephone 312-236-85	500

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Signature

CERTIFICATE OF Applicant(s): Kaplan et	Docket No. KAP 101 DIV					
Serial No.	Filing Date	Examiner	Group Art Unit			
Invention: Methods and	Apparatus for Pericardial Access					
I hereby certify that the Divisional Patent Appli	e following correspondence:					
	(Identify type o	of correspondence)				
is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on November 1, 2001 (Date) Kathrina M. Cotner (Typed or Printed Name of Person Mailing Correspondence) Addressee" service under Kathrina M. Cotner (Signature of Person Mailing Correspondence) EL 845500604 US ("Express Mail" Mailing Label Number)						
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